



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

ROBERT E. URREA, MD  
6211 EDGMERE STE 1  
EL PASO TX 79925

#### **Respondent Name**

TPCIGA FOR AMERICAN MANUFACTURER

#### **Carrier's Austin Representative Box**

Box Number 50

#### **MFDR Tracking Number**

M4-13-0211-01

#### **MFDR Date Received**

SEPTEMBER 20, 2012

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Our claim was originally submitted to Broadspire, P.O. Box 25104, Lehigh Valley, PA on 03/13/12. The bill was submitted timely; however, we received it back due to an incorrect address. The bill was returned by USPS on 04/13/12. The envelope with their return to sender label is dated 04/10/12 with a comment 'return to sender' and the new office address for Broadspire. This was received by our office on Friday, 04/13/12. We corrected the insurance information and mailed the claim back to Broadspire on 04/17/12. The timely filing deadline was 04/17/12. Our position is that we did submit the claim in a timely manner on 03/13/12, but due to the delay in receiving the claim back from USPS we were unable to resubmit timely. The original bill was submitted to the Broadspire office we had on record and where our previous claims were being sent. We were never notified of any office changes until we received notification from USPS. This bill should be paid."

**Amount in Dispute:** \$120.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "It is the Carrier's position that the provider failed to submit the bill with 95 days as required by Section 408.0272 of the Texas Labor Code and DWC Rule 133.20(b)..."

**Response Submitted by:** Thornton, Biechlin, Segrato, Reynolds & Guerra, LC, 912 S. Capital of Texas Hwy, Ste. 300, Austin, TX 78746

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 13, 2012	CPT Code 99214	\$120.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical

fee dispute.

2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - B4 (663-022) – Second page of EOB was not submitted with dispute. According to Washington Publishing Company the description of B4 reason code is "Late filing penalty."
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 887-005 – The time for filing has expired.
  - 900 – Based on further review, no additional allowance is warranted.
  - W1 – Workers' compensation jurisdictional fee schedule adjustment.

### **Issues**

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

### **Findings**

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied..." The requestor states in their position summary, "that we did submit the claim in a timely manner on 03/13/12, but due to the delay in receiving the claim back from USPS we were unable to resubmit timely." The requestor submitted a copy of the envelope that shows a sent date of April 5, 2012 with the USPS return to sender date of April 10, 2012 and a date stamp showing the requestor received the bill from USPS on April 13, 2012. Therefore, no documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	August 14, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**